SISTER INDIA



"SISTER INDIA"

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ONE SOLUTION OF THE PROBLEMS OF "MOTHER INDIA"

By

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THIS—MY FIRST—BOOK
IS AFFECTIONATELY DEDICATED TO
MY INDIAN SISTERS

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FOREWORD

BY THE REV. G. CAMPBELL MORGAN, D.D.

I HAVE a feeling that introductions to books, except those written by the authors, are almost impertinences, and therefore I have seldom written them. I do so in this case for one reason only, and that is, that if, in what has now become more than half a century of public ministry, God has given me in some measure the ear of the people of God, I would use that gift in making known to them the fact of this book and its vital significance in an hour like the present in the history of India.

Edith Craske is my personal friend, and for a number of years was my valued and trusted fellow-worker. When she joined me at Westminster I gave into her hands a piece of work among the young in the interest of Missions, with a perfectly free hand to do it in her own way. This she did in founding the Missionary School, and until the Day of perfect Light she will never know how far her work has gone in inspiration and influence. And yet again I served for some years with her on the Board of a Missionary Society, she acting in a secretarial

capacity. There I saw her keenness and ability manifested in a new way. It was a real joy to me when she became allied with the work of Ludhiana, and the opportunity came to her to visit the field and see at first hand this work of God in the hands of Dr. Edith Brown.

Sister India is the result of that alliance and that visit. It is written against the background of two of the greatest and most significant books of the last decade. Miss Mayo's *Mother India*—terrible, amazing, stabbing its readers to attention—has put the British Government and the Christian Church in debt ; the former, for its impartial recognition of what it has done in India ; and the latter, for the references—though few—to its work in that land. But it is incomplete in that it is diagnosis only, with no prescription or prognosis. Dr. Stanley Jones's book is of untold value, not only as showing the way in India, but revealing the true principles of work for Christ in any land. It also is incomplete because it only deals with the "Intelligentsia." That is not an adverse criticism, but the recognition of a limitation. The Intelligentsia of India can never be adequately dealt with while it exists in such conditions as revealed in Miss Mayo's book. Lands where motherhood is degraded can never produce a final Intelligentsia.

FOREWORD

In *Sister India* Miss Craske makes no attempt to give a complete programme for the mighty work of dealing with the problem of this vast people. What she does is to bring before us a vision of a Cross-section of the work already being done in the name of Christ. Using the somewhat abused word in its finest sense, the story is a ROMANCE. From a beginning so apparently small as to appear of no value in the presence of the massed misery of Mother India, in under forty years it has sent forth streams of mercy that have blessed thousands and tens of thousands of the daughters of that mystic land.

Even now it may be said that by comparison it is only a drop in a bucket. Granted—but that is ever the history of the Road of Christ. Nothing in human history looked more desperately futile than the Cross on Golgotha, but that was God's way, and the only way. And what wonders it has wrought! The most privileged of the sons and daughters of Adam are those who have gone the way of the Cross with Jesus.

Here then—as I see it—is the place and value of this little book—for small as it is in bulk, and better so in this rushing age—it is a clarion blast, calling the crusaders of Christ to seek to find some place of helpfulness in this work,

which moves forward to touch the deepest sore in India with healing and renewal.

That it may fulfil its purpose is my prayer for it, and this Foreword is written only in the hope that it may introduce it to just a few more of the children of God.

TABERNACLE PRESBYTERIAN CHURCH,
PHILADELPHIA, PA., U.S.A.

INTRODUCTION

FOR how many, I wonder, does the dream of a lifetime come true? Yet such was the good fortune of the writer of these pages. From my earliest years the lure of the East wove a spell o'er my soul, and to become a nurse and serve India's women was the goal of my youthful ambition. That goal of service has been reached—but not as a nurse.

It was a circuitous path that led thereto, and not until I was well past my youth did I set sail for India, to spend four wonderful months on a medical tour from West to East, through Central India, and from East away into the North-West.

I think I hear the murmur of my reader, "Oh, these people who presume after four months to write a book about a land of hoary antiquity, a land faced with colossal problems, which will tax the skill and patience and devotion of her statesmen and reformers for many generations to come!" Granted! But who was my travelling companion, who the interpreter of my experiences? A woman who for wellnigh forty years has been living in India, wrestling

with one of the greatest problems in that land, namely, how best to succour India's suffering womanhood. My companion's name is honoured throughout the length and breadth of India, not only as a skilled surgeon bringing relief alike to the highest and lowest in the land, but as the Founder and Principal of the Women's Christian Medical College at Ludhiana, in the Punjab.

An outline of the life-work of this remarkable woman, Edith M. Brown, M.A., M.D., comes later in this book. Meanwhile, reader, stay the charge of presumption!

THE ARGUMENT

IT is surely not without significance that two recent "best sellers," dealing with the same subject, leave the reader with diametrically opposite impressions.

Read Dr. Stanley Jones's *Christ of the Indian Road*, and one feels India's hour of deliverance is at hand, such clearness of vision and spiritual insight have her sons.

Read Miss Katherine Mayo's *Mother India*, and the heart bleeds for the women of that great land, in bondage to the dire misconceptions of men.

The question immediately arises, can both these books be true? The answer is in the affirmative, unless incompleteness invalidates veracity, for the diverse impressions gained are entirely due to what is left unsaid.

Dr. Jones tells us that he writes concerning the Intelligentsia of India, that is, 7 per cent. of the population. But what of the 93 per cent. of whom he says, "These things are still there . . . but I have left them out of the picture"? What things? Among others, the cry of the child widow, the sigh of suffering girl wives, the sob from behind the purdah of stricken woman-

hood. His beautiful picture is surely out of perspective unless "these things" be at least in the background of his reader's mind.

On the other hand, Miss Mayo says concerning *Mother India* that she is "leaving untouched the realm of religion." Hence there is no light on her dark picture. It was the chapter itself called "Mother India" that most appalled, at least the women readers of the book, until, made physically sick by the disclosures, they declared that such things cannot be true.

Eager for contradiction, the pages of *Father India* and *Unhappy India* are scanned, but all in vain. Dhais (native midwives), with their hideous methods and ghastly results on the girl-mothers of India, are never even mentioned. Yet it is these facts that make the heart bleed —not politics, nor economics, nor a faulty system of education! Is there then no reply, save recrimination and mud-slinging? Yes, there is an answer, but it is found in "the untouched realm of religion."

A lady doctor, who has worked many years among the women of India, was asked, "Is *Mother India* true?" Sadly she confirmed, medically, the statements made therein, saying, "That is why we are here and not at home." "But," she added, "it is one thing to expose a wound, it is another thing to heal it."

THE ARGUMENT

Exposure is necessary to healing. But is it not the exposure of these wounds, and the omission to detail any effort to heal, that has caused the sensitive soul of India's Intelligentsia to smart?

It is because many wish that at least one ray of light had been allowed to fall on Miss Mayo's dark picture that the author of this book, who has seen " light in darkness," feels compelled to write.

Let it be remembered, however, that exposure *is* necessary to healing, so that if there be any onus, let it rest on those who, having gazed on Mother India's wounds, now " pass by on the other side," and not on Miss Mayo, who, as time will show, has rendered conspicuous service to India's suffering womanhood.

PART I

"WOMAN"

" We all concede, we all agree, with a certain amount of conceit and pleasure, that India is spiritual. Believe me, as long as we treat our Indian women as we do, India is not spiritual."

KRISHNAMURTI, Stri-Dharma, January, 1926.

" They (certain Indian customs) are sufficiently bad, and one at least pretty general, viz., child marriage. . . ."

The late RAJPAT RAI, *Unhappy India.*

" To force widowhood upon little girls is a brutal crime for which we Hindoos are daily paying dearly."

GANDHI, *Young India,* August 5, 1926.

" It is true that Hindoo custom demands that a man must have a legitimate son to perform the proper religious ceremonies of his father."

C. S. RANGA IYER, *Father India.*

" Many of us guessed what the Purdah cloaked, but the Government was ever for non-interference in religion and in custom. They did intervene to prevent Sati, and have done their best to stamp out infanticide. But it would have been better for the soul of India if in those spacious times of power they had used their power to point out the potential evils of too early mating and the cruelty of girl widowhood."

SIR WALTER R. LAWRENCE, *The India We Served.*

" What it (Hinduism) cannot escape from, or escape only with great difficulty, is the network of custom and practice which almost everywhere trips up Indians or Europeans who set about improving India."

J. A. SPENDER, *The Changing East.*

SISTER INDIA

"WOMAN"

HOW indelible are first impressions! Dawn over the "Gateway of the East"—the promiscuous crowd of Easterners thronging the busy streets of Bombay—the magnificent scenery as the train penetrates the Western Ghats—the wondrous view of beauteous valleys as the motor car winds its way through mountain passes: these are experiences never to be forgotten.

Such was the first journey that brought us to the first hospital that we were to visit, and here it was that I was first spoken to by an Indian woman in her mother tongue. Her words gave me the key in which to transpose the minor dirge of the sad conditions I was about to experience, into the chord of dominant hope for the women of India.

The time of our visit coincided with the Hindu festival called Sankrant. It was the season when the weather was changing, but Hindu girls would have it known that though the seasons change friends must be constant. To express this sentiment they send each other

pretty packets of small sweets, suitably inscribed, and during the festival carry some of these sweets about with them, ready to greet friends. Thus it was that a graceful dark form, swathed in a pretty pink sari, came up the garden path. My hostess prompted me to hold out my hand to our visitor. I did so, and several of these little sweets were placed therein, while smilingly she looked into my face and said, "Tilgul ghya ani god bola." She bids you "Take tilgul (the sweets) and speak sweetly," said my hostess.

Who could fail to recognise the significance? India is in the throes of change and unrest, therefore, whatever has to be said, let us "speak sweetly."

What then was the general impression gained of India's women—the poor who have to work so hard, and the rich purdah women in their zenanas burdened with idleness? It was this—that never were human beings in a more miserable plight.

It was the Code of Manu, older than the law of Moses, that decided the status of Hindu women, and this accounts for the appalling attitude towards women of India's 93 per cent. illiterate men, who know no other code.

"Day and night women must be kept in dependence by the males of their family."—ix. 2.

"When creating woman Manu allotted to them love of ornaments, impure desires, wrath, dishonesty, malice, and bad conduct."—ix. 17.

"Women, who are destitute of strength, and destitute of the knowledge of Vedic text, are as impure as falsehood itself. That is a fixed law."—ix. 18.

"Though destitute of virtue and seeking pleasure elsewhere, and devoid of good qualities, yet a husband must be constantly worshipped as a god, by his faithful wife."—v. 154.

"No crime, causing loss of caste, is committed by swearing falsely to a woman."—viii. 112.

The religion of Mohammed is just as bad in its results, for the Koran has affixed a permanent brand of inferiority on all women. Rather than enlarge upon this, let the awful truth concerning her lot be read in *Thamilia*, by Ferdinand Duchêne, giving facts about Mohammedan women, in story form.

Little wonder then that Indian women are chattels, slaves, captives, the victims of injustice, subject to inhuman cruelty—with no redress, no way of escape for the vast majority.

In India the birth of a girl is generally the bitterest disappointment and an occasion for condolence. It is no uncommon thing for a mother, learning that the wailing new-born infant is a daughter, to refuse to set eyes on the babe, demanding only that she be taken away.

Then marriage is essential, so now the vexed

question of child-marriage must be raised. It will be simplest if Manu introduce the subject:

"A man aged thirty years shall marry a maiden of twelve who pleases him, or a man of twenty-four a girl eight years of age; if the performance of his duties would otherwise be impeded, he must marry sooner."—ix. 94.

It is obvious that marriage contracted in infancy cannot be consummated until later. But the contract is binding, and at the very first signs of womanhood, sometimes ten or eleven,[1] the husband claims his little wife, who is in no sense developed or full-grown.

Drs. Margaret Balfour and Ruth Young, in their valuable book, *The Work of Medical Women in India*, state that "exaggerated reports are sometimes made as to the frequency of early motherhood in India." They then quote *hospital* figures, in *big cities*, to illustrate the exaggeration. But women who will come to hospital are the enlightened women of India, and the big cities represent but 10 per cent. of the population. The vast majority of Indian village women would rather die in their homes than go to hospital—even when there is a hospital within reasonable reach.

Over against Dr. Balfour's figures, put the

[1] A Bill has recently been passed prohibiting the marriage of girls under fourteen, and boys under eighteen. How to enforce this law is another tremendous difficulty the Reformers have to face.



"EXCEPT HER THIRD IS A SON"

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statement[1] of Mrs. S. Muthulakshmi Reddi, an Indian lady and a doctor, herself on the Age of Consent Committee and well known for her social service. She speaks of having herself taken more than a thousand confinements in which the mothers were immature; and yet another Indian doctor, Dr. N. S. Phadke, tells us, "Premature consummation follows early marriage with an inevitable sequence, and conception follows with equally inevitable sequence." To which Mrs. Underhill (formerly Mrs. Starr, of Peshawar) adds, "We, who know India are tired of statements to the effect that these evils hardly exist, for we have seen child-motherhood, and know that it is far too common. It is not a question of age alone; the fact remains that early marriage generally means too early motherhood." Then she asks, "Would it not be better, instead of understating *facts*, to face them, and together (*i.e.*, Indian and British women) to seek ways to enforce the Bill now passed, until child-marriage becomes an impossibility?"

Necessarily, then, confinement is often abnormal. But normal or abnormal, there follow the ghastly ministrations of the dhais (native midwives). Think of it, motherhood counted unclean! Left to the mercy of filthy, low-caste

[1] *Journal of the East India Association*, January, 1930.

women! Yes, a girl-mother's sorrows are multiplied through ignorance, her sufferings increased through superstition, until her tender body becomes mutilated, infested, starved, and, if about to die, tortured! Little wonder readers of *Mother India*[1] declared such things could not be true. Would they could be disproved!

I am convinced that such horrors result from ignorance and not from what seems to us inhuman cruelty. A terrible illustration will evidence my meaning.

An English doctor was called to a case where the dhais had failed. Skilful manipulation with forceps brought relief, and the longed-for son was born.

The dhais looked on. What implement had they most resembling that used by the white doctor? Once again they are called to a case, and again prolonged labour endangers the life of mother and child. So, emulating the English doctor, they proceed to work with the fire-tongs, with agonising fatal results—the mother and longed-for son are sacrificed. By some means or another, how often sacrificed!

Yet, in India, the necessity for a son, who alone can perform certain rites for his father, is one of the outstanding demands of religion.

[1] See pages 89—102.

What untold misery such tenets bring in their train! If a wife be childless, or the mother of daughters only, what will be the issue, since to have a son is more important than to cherish a forlorn, childless wife?

Two expedients present themselves. If the man is rich, he will take a second wife; if the man is poor, he will desert, leaving mother and little daughters to fend for themselves. If he is rich—so very, very few! If he is poor—so very, very many! Hence it is that incessantly one meets these hapless, abandoned women. Oh, the torment of it all! Let two examples suffice:

Here is an expectant mother; in her arms another sweet babe, a girl of some fifteen months; while clinging shyly at her side is a little lass of four. Yet these burdens are as nothing compared with her burdened mind, for has not her spouse threatened that, except her third is a son, he will leave her!

Look at that older woman the doctor is assisting down from the table after careful examination. Once she was the happy mother of two sons, but life now is joyless, for both have died. Joyless unless . . . Eagerly she scans the doctor's face for the one ray of hope. But the doctor, gently putting her arm around her, replies, " No, little mother, not pregnant, but

needing my care." Then the lovely brown eyes fill with tears, and burying her face in her arms, we hear through her sobs, "Abandoned! he is going to . . . another wife!"

But the cup of woe of India's womanhood overflows when the lot of the widow is recalled. It is not improbable that the boy or man to whom the little girl of four or five is married will die before the marriage is consummated. If such be the case the dear child is counted a widow. Their religion affirms that the death of the husband is due to some sin committed by the tiny wife in a previous existence, and so this dire retribution has fallen upon her husband. To expiate all this, the widow, be she child, maiden or married, is stripped of her pretty clothes, deprived of her jewels, her shining raven locks are shorn from her now dishonoured head, and nought but misery and drudgery will henceforth be her lot. Eating but one meal a day, in loneliness, and forbidden to show herself on festive days, the very sight of her is an evil omen, and her presence itself a curse.

There are 27 million widows in India—15,000 under five years of age, 4 million under fifteen years of age!

Never shall I forget the first Indian widow into whose face I looked. Never have I seen

such weary hopelessness. She was a Brahmin, the victim of some unscrupulous man whose unborn child she had carried miles and miles, that she might be delivered far from home, in a mission hospital, and so hide her shame. Should her child be the much-coveted son of Indian motherhood—it matters not—she will leave him, another "hospital baby,"[1] and return to her home, her heart ravaged with desolation, her arms aching with emptiness.

Upon another occasion we were asked if we would like to hear the *singing* widows in the Temple of Krishna, in one of the many sacred cities of India. This city was the haunt of over 6,000 widows of all ages (I saw none younger than sixteen), who had been told that if they made a pilgrimage thither and died there in the city, then their sin (for which the husband died) would be forgiven, and in the next life they would be born a man. Meanwhile, they must give themselves and all they have, to the priests!

We entered the temple escorted by the munshi who had given us the invitation. Inside the door stood some ten or twelve men

[1] "Hospital babies" is the term applied to the little ones whose mothers die, abandoned baby girls, and other little folk unwanted for one reason or another. These find sanctuary in hospital, and when older are either adopted by Christians or sent to mission schools.

looking on. Exactly opposite, at the end of the centre aisle, was the image and altar of Krishna, at which a priest was officiating. In the centre aisle stood two women with small cymbals, accompanying the beat of tom-toms, played by two women squatting at their feet. Sitting on the floor, either side of the aisle, were some 500 widows, holding bags in the shape of a cow's head, wherein was a rosary of 102 beads, and these beads were told, to the monotonous beat of cymbal and drum as either side alternately took up the cry, "Hari Krishna, Hari Ram." Some faces were old and haggard and utterly miserable, others young and wistful —some so beautiful, yet bearing in their bodies evidences of the surrender demanded by the priests, while others looked so evil that one shuddered at their gaze.

For three dreary hours each morning, and three weary hours each evening, week in, week out, year in, year out, poor, benighted, deceived widows wail for deliverance. Will it ever be theirs? Why have they never heard, "Come unto Me, all ye that labour and are heavy laden, and I will give you rest?"

But surely in writing thus of baby girls and child wives, deserted mothers and forlorn widows, the injunction to "speak sweetly"

has been forgotten? Not so; there is nought of bitterness here. The setting forth of these things is to beget sympathy with the Indian reformers who recognise and acknowledge these evils in their midst and would rectify them. But their religion is against them. It is their religion which relegates woman to an inferior place, that demands child wives, a son at all costs, and dooms winsome little girls to perpetual misery. And thus it is, that in a sense Miss Mayo contradicts her own premises, "leaving untouched the realm of religion." It simply cannot be done—India is so intensely religious, her people so hungry for God.

Yet India's religions bring neither help nor hope to womanhood. It is Christian civilisation that has made woman a person, and a comrade for man. Heathen civilisation makes her a slave and a thing contemptible, but in spite of it all, cannot quench her thirst for God.

In imagination visit the sacred city of Muttra at sunset hour; there it was that the darkness of despondency was brought home to me.

We were standing on the banks of the sacred river Jumna. A boat drew alongside, and obeying the bidding of our guide we stepped into it, and while the boatman pushed off

silently, we became conscious that all around was translucent in amber light, bespeaking the peace and calm of eventide.

To the right the bank was clothed in green, but looking left we saw, outlined against the sunset sky, the flat-roofed houses and temples of the city. Hither and thither, the monkeys clambered chattering, and sacred cows ambled aimlessly on temple steps, while at the water's brink hundreds of turtle floated, waiting for food that the worshippers would bring.

At length the boatman stayed his oar, for we were in full view of the temple where, every morning at sunrise and every evening at sunset, fire is worshipped. Clanging bells of varying tone and irregular ringing summon the people. The priest tarried, but this did not hinder prayers and vows from finding expression. See that woman as she comes to the water's edge—what is it she bears so carefully? A tiny raft of reeds, whereon, alight, rest five small lamps. These are her prayers, her vows, the yearnings of a hungry soul, to be launched upon the bosom of the sacred Jumna. Others follow in her wake, here a man, there a little child, and soon an impish boy, who, to secure safe transport of his little raft, sets it upon a turtle's back. For, should these rafts float away brightly burning, all will be well ; but



HOSPITAL BABIES



SOME OF THE OLDER CHILDREN

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if, forsooth, their light is soon extinguished, then those prayers and vows are spurned.

All watch intently. Then deep sorrow beclouds the woman's face, as almost immediately her raft upsets. Wearily she wends her way back, to be lost among the worshippers; for just then the priest appears. Donning the garlands of the devotees, he mounts the altar, and hidden from view, lights a lampstand bearing many lamps. Then before the assembled chanting worshippers he swung this censer to right and left, again and yet again, higher and still higher, until aloft it flared, lighting the faces of all around. Then suddenly he set the censer upon the altar, and from far and near the eager worshippers thronged to touch the holy fire, and press its heat and light on heart and brow, for purging and illumination.

So their worship ended, the fire burned low, petred out, and darkness, gross darkness filled the temple courts. "If the light that is in thee be darkness, how great is that darkness!"

"Thus I saw our aged India weighed down with
Accumulated custom and sapping superstition.

. . . . . .

She raised her eyes, weary, but spiritual still,
Full upon me and seemed to say,
'. . . if your love be true
Loose me from these weights and set me free,

For I would serve, but mind, my son, be gentle,
For by long association they seem a part of me.'

O, Master of my heart, give to me the touch of
Gentle power that I may help to loose . . ."[1]

[1] Dr. Stanley Jones, *Christ of the Indian Road.*



DR. EDITH M. BROWN, M.A.

PART II

"... THOU ART LOOSED"

INDIA

A land of lights and shadows intervolved,
A land of blazing sun and blackest night,
A fortress armed, and guarded jealously,
With every portal barred against the Light.

A land in thrall to ancient mystic faiths,
A land of iron creeds and gruesome deeds,
A land of superstitions vast and grim,
And all the noisome growths that Darkness breeds.

Like sunny waves upon an iron-bound coast,
The Light beats up against the close-barred doors,
And seeks vain entrance, yet beats on and on,
In hopeful faith which all defeat ignores.

But—time shall come, when, like a swelling tide,
The Word shall leap the barriers, and The Light
Shall sweep the land ; and Faith and Love and Hope
Shall win for Christ this stronghold of the night.

John Oxenham.

"WOMAN . . . thou art loosed"

DR. STANLEY JONES, in a letter to *The Leader* of Allahabad, says of the book *Mother India:* "Taking the individual statements up one by one, it is not easy to disprove them . . . (but) there is another India, not in the book; if that other India had been put in, we could not have complained."

I want in the subsequent chapters to show to the best of my ability "that other India" as I saw it.

Recently, at a large religious Convention, a cultured little Indian lady stood up to speak on behalf of the women of India. In faith a Christian, and in politics a Nationalist, she based her appeal upon the attitude of the prophet Ezekiel when he visited those of the Captivity and said, "I sat where they sat."

Admitting the woes of India's womanhood, and recognising their need of help from Christian women of other lands, the speaker advocated that missionaries come, not for leadership—suggesting superiority, if not patronage—but in humility sitting alongside them, and seeking to understand their mode of thought, their manner of living, and

ministering to them in their sickness. Such sentiments appealed, and amid a spontaneous outburst of applause little lady India resumed her seat.

In that audience was seated a cultured English lady—a pioneer, a born leader. In childhood, "doing sums" had been her pastime. Later, educated at the Manchester and Croydon High Schools, she had won a mathematical scholarship to Girton College, Cambridge. While there, she read Natural Sciences, the change in subject being due to her having heard the call of God for medical missionary work in India. Brilliant is the only word by which to describe her subsequent academic career, and then in 1891, this gifted young woman, Edith M. Brown, Honours Tripos Nat. Sc. (Girton College), M.A. (Trin. Coll., Dublin), M.D. (Brux.), L.R.C.P. & S. (Edin.), sailed for India under the auspices of the Baptist Zenana Missionary Society.

Not long after her arrival she received an urgent call from a distant village to tend a sick woman, or shall it be said, "to sit where she sat."

The heat of the Indian sun, the dust of the Indian road, tired the newcomer, and by the time she had succoured the sick woman, whose sufferings were aggravated by darkness and

dirt, the doctor was very weary. The husband of the patient offered her a drink of milk, and while she was weighing in her mind the indiscretion of contaminated milk *versus* hurting his feelings by a refusal, the beverage was prepared. Taking a dirty earthenware bowl, he wiped it out with the loincloth he was wearing, and filling it with milk, proceeded to use his finger as a spoon wherewith to stir the sugar therein, and finally pushed the bowl toward her. Her revulsion can better be imagined than described, yet she drank it, and was about to hand back the bowl, when the man bade her smash it, defiled as it had been by " an untouchable."

Yes, in his eyes, the gifted, refined, tired English lady, courteously swallowing her feelings as well as the milk, was an " untouchable," and he dared not allow her to " sit where he sat," or he would be for ever polluted, and himself become an out-caste.

" Not for leadership." Does not such a one need leading? But little lady India had her politics and her Christianity mixed when she defined leadership as " superiority, if not patronage." One has to get lower than " sitting " if India is to be lifted up to God. " So therefore whosoever he be of you, that renounceth not all that he hath " (including

the amenities of culture), " he cannot be my disciple."

How comes it that these refined English and American medical women subject themselves to be as out-castes, content to live in an exacting climate, knowing loneliness and poverty? Why do they frequent the haunts of squalor, suffering and sin, when a comfortable, not to say a great career, might be theirs in their own country? There is but one answer—with St. Paul they would reply, " The love of Christ constraineth us."

And leaders the missionaries inevitably become, and this is how:—" Jesus (has) called them unto Him and said, ' Ye know that the rulers of the Gentiles lord it over them, and their great ones exercise authority over them. Not so shall it be among you, but whosoever would become great among you shall be your servant, and whosoever would be first among you shall be your bondservant . . .' "

The milk incident, nearly forty years ago, was just one among many encounters with orthodox Hinduism. To multiply up-to-date instances of similar exhibitions, which I myself witnessed, is perhaps to appear guilty of what Dr. Stanley Jones terms laying the foundations of Christian missions upon the particular evils found in a particular race.

So let us rather follow the consumer of the milk, and watch the constructive plan by which she has now won her way, through caste and purdah, fear and distrust, and become a leader among the women of India.

All, and more than all, the conditions prevailing among women in India, enumerated in the earlier chapters of this book, soon became known to Dr. Edith Brown. For the alleviation of their sufferings and sorrows she knew that the Christian medical woman had the surest key. A skilled surgeon as well as a doctor, she soon found her gifts virtually atrophied through the circumstances under which she had to exercise them. The story of her first operation illustrates this point. An Indian girl was brought to her, needing an immediate operation—there was no operating theatre. Chloroform must be administered—there was no anæsthetist. A nurse in attendance on such an occasion is hardly a luxury—there was no trained nurse! Yet the life of the patient depended on the operation. So a corner of the ward was scrubbed up and screened off. A fellow-missionary thought she could administer the chloroform if she did not see the operation. Therefore, two girls held up a towel as a curtain, shutting off the patient's head from her body. With a prayer to God

for help, the first incision was made. This provoked a blood-curdling cry of fear and horror from an Indian woman watching, which unnerved the impromptu curtain-holders, while Dr. Brown, as well as operating, had to stop from time to time to give directions about the chloroform to her amateur anæsthetist. Somehow the operation was finished at last, and the doctor nursed the girl back to health.

An experience like the foregoing shows how handicapped all medical missionary work must be for lack of trained helpers, and it was self-evident that there would never be enough of such help from England and America. Enquiry revealed that other medical women, working in isolation, found themselves similarly handicapped. What was to be done? At that time it was only possible for an Indian Christian girl to get a full medical training if she attended the Government Colleges, where she had to study with Hindu and Mohammedan men students, receive her instructions from men, and her clinical teaching in a hospital chiefly with male patients.

Naturally, Christian parents were not willing for their daughters to be exposed to the publicity and temptations which were unavoidable in such circumstances. Moreover, lady missionaries in charge of large girls' schools,

saw such sad results from the training of girls under such conditions that they said they dare not let any more of their girls enter the Government College.

Yet here was the very material to meet the need for trained helpers. Then it was that the vision of a woman's medical college, where Indian Christian girls could become doctors and nurses to their own suffering sisters, broke in upon the soul of Dr. Edith Brown.

In 1893 she called a conference of women medical missionaries who were at work in the Punjab and United Provinces. After prayer and consultation the opinion was unanimous that there should be in India a Medical School for Women, and that it should, if possible, be attached to a Mission Hospital for Women and Children.

Accordingly, in 1894, the North India School of Medicine for Christian Women was opened. It was a glorious venture! The challenge—India's millions of helpless suffering women. And what were the material resources of this embryo college? A gift of fifty pounds and the promise of fifty pounds a year for three years. But all were confident it was the call of God and that He would provide. Ludhiana, in the Punjab, was the place chosen for the school, firstly because an empty ten-roomed

school building was available there, and also because Miss Rose Greenfield kindly placed the clinical work of the Ludhiana Zenana Hospital at the disposal of the school.

The school opened with four medical students and two dispensers. The staff consisted of the present principal, Dr. Edith Brown, and two doctors of the American Presbyterian Mission, just out in India, who, while they were learning the language, were allowed to give an hour's teaching to the students each day, while Miss Greenfield's doctor acted as treasurer, and taught midwifery to the two dispensers.

To-day, after thirty-six years' work, there is a large women's hospital of 200 beds, with extensive college buildings, housing 250 Indian students, of whom ninety-eight are medicals, the remainder being in training as nurses, dispensers and midwives ; while in the intervening years there have gone forth from this unique institution a band of over 800 trained women, 192 of whom are doctors, entitled to practise anywhere in India, Burma, Assam and Arabia.

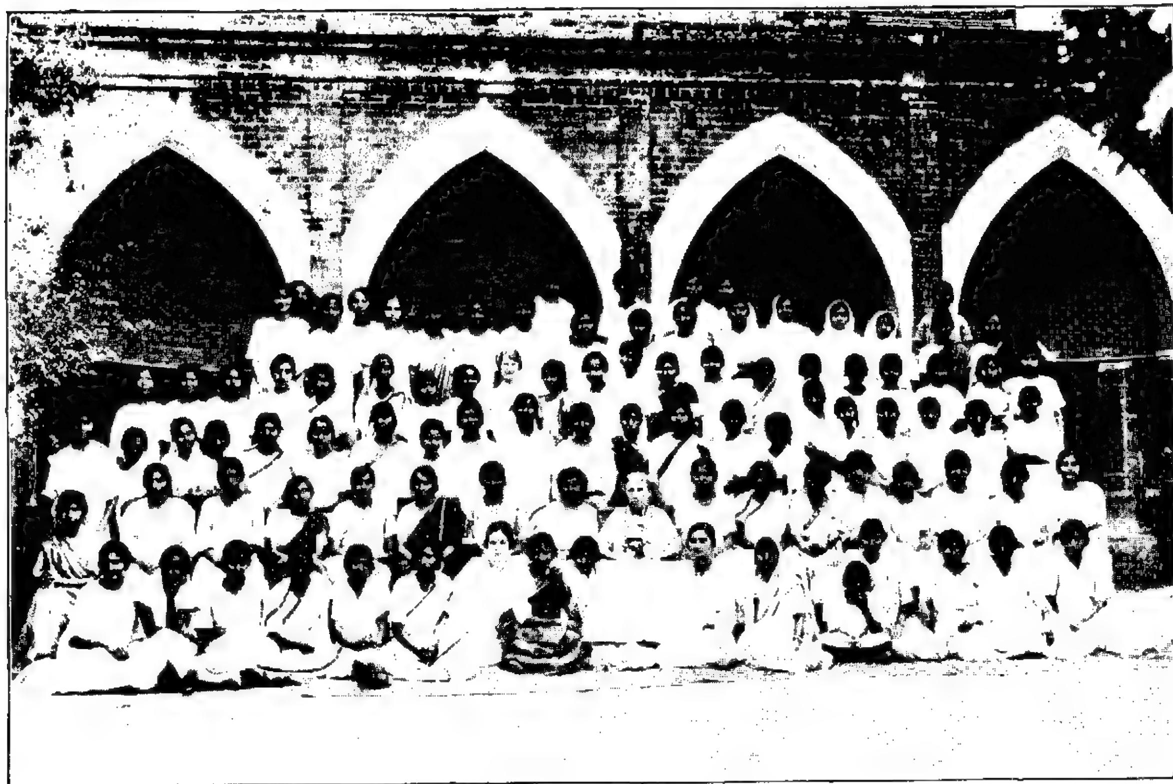
Here, indeed, is a romance of foreign missions, epoch-making in the annals of women's work in India. Dr. Brown reported the scheme to Government, and immediate sympathy with the project was forthcoming,

for the Government was conscious alike of the need of India's women, and also of disastrous failure in training men and women together. Here at Ludhiana was the remedy. Government recognised it, and agreed that the students from Ludhiana should present themselves for examination at the Lahore Medical College and so secure the Government Diploma in Medicine. Inspection of the valuable work being done at Ludhiana led the Punjab Government, in 1906, to sanction generous grants-in-aid without religious restrictions, while in 1909 they requested that non-Christian students might be admitted, in order that they might be under the "refining and elevating influence of Christian women during their years of training." This was gladly conceded. In 1911 the name of the School was changed from "The North India School of Medicine for Christian Women" to "The Women's Christian Medical College." Then, in 1915, the Punjab Government having closed their women's department at the Lahore Medical College, the girls, both Christian and non-Christian, were transferred to Ludhiana, and the school was henceforth to be known as "The Women's Christian Medical College, with which is incorporated the Punjab Medical School for Women."

The affairs of the college and hospital are in the hands of an interdenominational governing body, which meets twice a year. The work of the institution is carried on by a staff of English doctors and hospital sisters, ably backed by an assistant staff of Indian doctors and nurses chosen from the Ludhiana graduates.

The students have been described as the cream of India's womanhood, devoting their lives to the uplift of India's women. The majority are Christians, but as already intimated, Hindus and Mohammedans are among them. The students come from all parts of India, speaking fourteen different languages, but all knowing English, the common language in which they study.

This, then, introduces my readers to the college, but how I wish a day could be spent there by them, to see the work as it is actually going on. It was my privilege to be there several weeks, and the longer I stayed the more impressed I became with the fact that here was a work of inestimable value, which should be known far and wide, that it might claim the sympathy and support of good people everywhere. Anything more calculated to eventuate in the uplift of India's suffering womanhood than this training ground for India's



MEDICAL STUDENTS AT LUDHIANA, 1929

daughters—Sister India—it would be difficult to conceive.[1]

Arriving in Ludhiana with Dr. Brown, a warm welcome, in truly Indian fashion, was accorded us. Civil authorities, townspeople, hospital staff and college students alike thronged the railway station and hailed with garlands and music their beloved friend and Principal, who was bringing a visitor from England. A veritable triumphal procession was made, first to the hospital, to be welcomed by smiling nurses and grateful patients, and then on to the portals of the college, where two weary but happy travellers alighted from the carriage and entered the erstwhile "empty school building," now the centre of an extensive college compound covering fifteen acres.

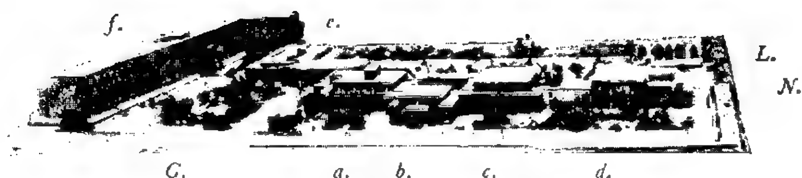
When the Queen of Sheba, hearing of the fame of Solomon, set out to visit him and saw his glory she exclaimed in admiration of it all, "Behold the half was not told me, thy wisdom and prosperity exceedeth the fame which I heard. Happy are the men, happy are these thy servants which stand continually before thee and hear thy wisdom."

[1] Until 1916 the College at Ludhiana was unique, Dr. Edith Brown being the pioneer in establishing a separate Medical College for Indian women. There are now three others, two Government Colleges (without Christian teaching) and one, another Missionary Medical College opened in 1919, at Vellore.

This exactly sums up my experience of Ludhiana Medical School. The fame of Dr. Edith Brown, her own surgical skill, and the wonderful Women's Medical College which she founded, is known throughout the length and breadth of India to Indian and Briton alike. I, having heard of the fame thereof, set out to visit Dr. Brown at Ludhiana. But truly, "the half was not told me." Happy are her students studying in such a college, happy are her nurses and dispensers training in such a hospital, learning from Dr. Edith Brown and her fine staff of English doctors and hospital sisters the ways of the Great Physician as they study modern medical science.

The plan opposite gives in picture a little idea of the proportions to which this college (begun in a ten-roomed house) has now grown. The original building is now the Principal's residence and the college offices. Alongside is the college chapel. Here at 6 a.m. some fifty nurses gather for prayers before going on duty, and then quietly talking, make their way across the compound to the hospital on the other side of the road, to take up the duties of the day.

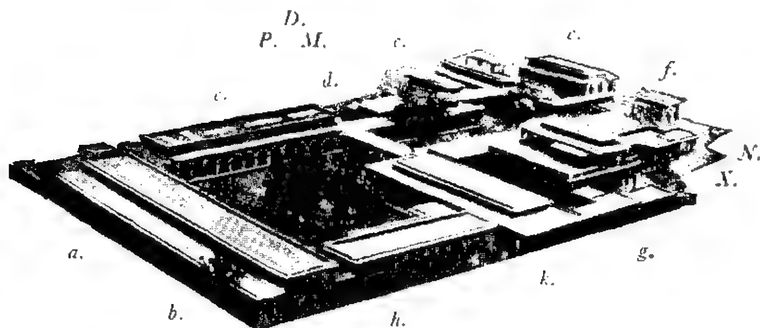
The Nurses' Course extends to four years, and gives a very complete all-round training—medical and surgical nursing, with a turn in



MODEL OF COLLEGE, LUDHIANA

a. Original School Building
b. College Chapel
c. Doctors' House
d. Class Rooms
e. Doctors' house and Students' Dining Hall
f. Students' Cubicles—to accommodate 100

G. L. N. Sites on which are now erected:
g. Assistant Staff Quarters
l. Chemistry, Physics, and Pharmacy Laboratory
n. Nurses' Quarters



MODEL OF HOSPITAL

a. b. h. Memorial Hospital built 1900

a. Mohammedan Ward
b. Hindu Ward
c. Private Wards
d. Operating Theatre
e. Medical Ward, and Students' Sick Room
f. Eye Ward
g. Resident Sisters' Quarters, Nurses' Dining Room, and Hospital Office
k. Surgical Ward
h. Staff Nurses' Rooms

D. P. M. N. X. Sites on which are now erected:

D. Dhais School. *P.* Pathology Laboratory. *M.* Maternity Block
N. New Dispensary. *X.* The Christian Ward

the operating theatre, amplified by courses in housekeeping, dispensing and anæsthetics. The children's and babies' wards give excellent experience in the feeding and training of little ones. Every nurse works there as an integral part of her course. In the third and fourth years midwifery is taught, and maternity cases are attended both in the city and in hospital.

It is their skill and tenderness that so impresses the patients and their friends. To see an Indian nurse care as much for an out-caste as for a Brahmin is, to them, incomprehensible.

There was a Brahmin woman brought many a weary mile through dust and heat to Ludhiana.

Arrived in the hospital, her friend Lagwanti besought that she be healed. But, alas! medically the journey had been in vain. As is so often the case, they had delayed too long before bringing her, and now it was too late to stay the inroads of a terrible disease. But day by day she was tended by loving hands until the end came, and daily she heard the message of hope beyond the grave.

Throughout, Lagwanti watched and pondered, and as she contemplated the love and care bestowed on her friend she thought, "Great merit will indeed accrue to these nurses for thus tending a Brahmin." But farther

down the ward lay a suffering out-caste, an untouchable sweeper, receiving the same loving care and attention. This baffled Lagwanti, for pollution, not merit, was the fruit of such deeds. So she decided to listen to the preaching and then went away home. Weeks afterwards she returned, and when asked why, replied, "I have come to join the Christian way," explaining in her own quaint way, "Your words about Jesus were good, they sat in my heart, but it was your deeds that made them sit there!" Mark it well—this testimony was the result of watching the consistent lives of the Indian Christian nurses.

The patients know, too, something of Christian standards, even though not Christian themselves. "Sister, I want a Christian nurse," pleads a sick woman. "But your nurse is a Christian," replies the Sister. "No, she is not," persists the sufferer, "she loses her temper!"

A Scottish lady, speaking of the sterling character of some of these Indian nurses, told the following story against herself. She had been very ill, and upon recovery desired to reward with extra money her little Ludhiana nurse. Now, for good reasons not here to be discussed, it is a very necessary rule that no pecuniary gift be received, so the nurse

declined it. " But do take it," urged her patient. " I will not tell—Dr. Brown will not know," to which the simple, unconscious rebuke came in the reply, " No, but God will." This was not priggishness, but simply evidence of God-consciousness so characteristic of the Indian, and in Hinduism finding expression in Pantheism.

While the nurses are going on duty, students in the cubicles are beginning to stir, preparing for early morning drill on the playground, to be followed by their first meal. After this they too will assemble in the college chapel at 8 a.m. to praise and pray and receive Bible exposition from the Principal.

After Prayers and Roll Call, the hundred and more students scatter in all directions to their various classes. The dispensers go off to the dispensary, where they dole out medicine to out-patients, and keep the wards supplied. The first and second year medicals spend their mornings over anatomy. Other students find their way to the chemistry and physics laboratory—one of the new buildings recently and only partially equipped. The third and fourth year they go over to hospital and spend an hour or more in organised classes, and then disperse to their various hospital duties. In the wards there are dressings to do, notes to write up, and

new patients to examine. The doctor in charge makes her rounds accompanied by students, giving instruction as occasion arises, and directing the treatment of cases.

The operating theatre is a centre round which much of the day's work revolves, for surgical cases bulk large, and except in the extremes of heat and cold there are operations almost every day. The student of the case must be present to take notes. Others come in turn to give the anæsthetic, and a senior student hands the instruments.

The work in the dispensary is a very important part of the training, for most students after graduation will be engaged in much dispensary work. Here a senior student works with the doctor in each out-patient department.

Yet another group of students spend the morning in the pathology laboratory learning methods of laboratory diagnosis of disease. Microscopes play an important part in their activities, for malaria and other parasites abound.

The afternoons are given up to lectures, practical classes, and an hour's recreation. In the intervals between lectures, students are seen sitting about the grounds, or wandering up and down the garden paths, book in hand.

They use the same text-books as medical students in England, and have to work hard to pass the four professional examinations during the four years' training, before they become Licentiates of the State Faculty of Medicine.

As the busy day draws to a close the girls meet together again for the evening meal and prayers, and retire to their cubicles knowing lights will be out at 10 p.m. An early hour this for students! But the physique of the students is not always all that could be desired. Everything is done that can be done to improve their health by regular drill and games, and by regular hours of sleep. Hence it is that lights are out by 10 p.m. and are not allowed before 6 a.m.

Leaving the college compound and crossing the road the Memorial Hospital is reached. This hospital is a monument to the value of respecting prejudices without sacrificing principles.

In the early days the clinical work of the students was done in the little Charlotte Hospital which Miss Rose Greenfield had in the city. But it soon proved too small, and when sorrow came to Miss Greenfield in the death of her sister, she turned her mourning into joy by founding the Memorial Hospital for Women. This comprised the present Hindu

and Mohammedan surgical wards, and staff nurses' rooms.

It was opened in 1900, the other buildings being added as occasion demanded and as funds allowed. What were these demands? It was not long before the beneficent work of this hospital became known far and wide, and rich Hindu and Mohammedan men bringing their sick wives, who kept strict purdah (seclusion), were not willing for them to be in the general wards. Private wards there were none. There was a great desire to have them, but no funds to build them, and it is noteworthy that it was the gift of a Hindu gentleman to a Christian hospital that first made possible the private wards which are so popular.

The hospital, as it now is, is built in a hollow oblong, the wards all round opening on to a wide verandah, which looks into a big courtyard, where patients, relations, children and crows disport themselves by day, and where the charpoys (Indian beds) are arranged at night for the many who sleep out of doors. By this system strict purdah is kept, no masculine eye can peep into the enclosure, and so the happiness of many who would never be allowed to go to a non-purdah institution, no matter how great the need of treatment, is secured.

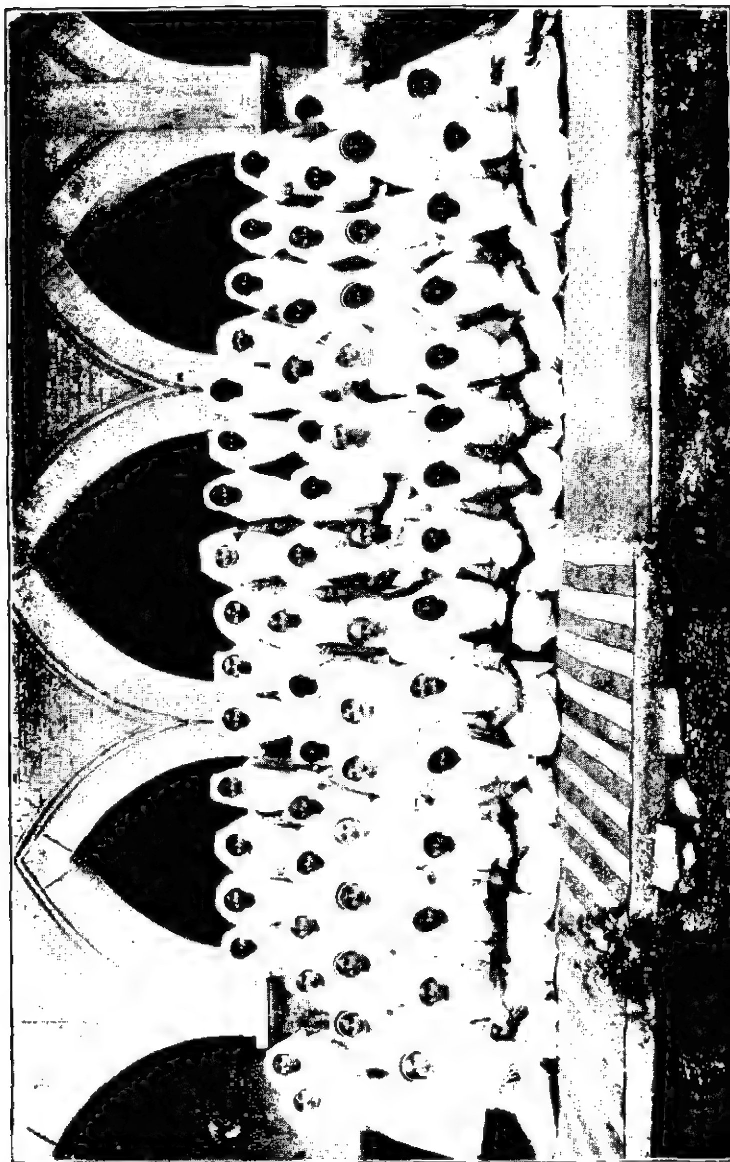
But before entering the hospital it is necessary to put away all recollection of a British hospital, with its spotless wards and double row of snowy beds, otherwise the visitor will receive horrid shocks. At Ludhiana the walls are whitewashed instead of tiled, the floors are paving stone, and when the hospital is full the bedding is sometimes deficient. Mattresses are only kept for bed-ridden patients, and pillows for those who need to be propped up. Another difference is that the walls are elastic ; there is no waiting list, and no patient is ever turned away. When the wards are full they put charpoys along the verandahs and under the trees in the courtyard, so that the available accommodation is all but limitless.

Let us enter at one end of the oblong. On each side of the doorway is a big surgical ward, one Hindu and one Mohammedan (the wards of the original Memorial Hospital). Here one can enjoy an undisturbed view of endless little domestic scenes connected with the patients' toilet, carried on in full view of all comers without concern. Newcomers arrive at all hours of the day with bundles and children, and one or more female relatives to cook for them. When the medical examination begins an interested crowd collects to see the fun, and to add their explanations and opinions, gene-

rally to the darkening of knowledge, and always with a resulting babel. The patient never objects to being the centre of interest for the time being, but one strange point is that she often says very little, and even the simplest questions are answered by proxy.

It is a joy to watch the change of attitude after a few days' stay in hospital. Villagers who start away from one in fear settle down peacefully, and one successful case cheers the whole atmosphere of the ward. Of course the opposite is true, and there are epidemics of patients running away, often before treatment is begun, as a result of a sudden attack of home-sickness. Frequently women come and bargain on the doorstep that they will on no account submit to an operation, and even after protestations that the hospital is not a prison, that all who come are free to go again if they wish, that it is impossible to operate on an unwilling patient, still, it is difficult to persuade them to come in for treatment. Even more pathetic are those who come too late, often from a far distance, and beseech the doctors to operate on them, and will not take " No " as a final answer, but clutch their feet and offer fees if only they may be cured.

Leaving the surgical wards and walking up the verandah on the left the old private wards



are reached. These are single rooms, each with a small courtyard behind, which opens into the road so that men relations can come and see their womenfolk without invading the sanctity of the hospital. Many of the patients are wealthy, some very wealthy, and numbers come from great distances, having heard of the fame of the hospital and its surgery. To anyone interested in dress and the fashions, the old private wards will provide much material. How beautiful are some of the saris of expensive silk, and the variety in the Punjabi pyjamas and kurtas seem endless to the uninitiated. However, a knowing staff nurse will point out the peculiarities of the different districts without hesitation, but the subtle differences are beyond the detection of the outsider.

On this side of the courtyard, too, is the operating theatre and the small septic theatre, both in constant use. Here on a busy morning the workers begin early and go on till they finish, sometimes two hours late for the mid-day meal. In the busy season operations are a daily event, but mid-winter and mid-summer are both unpopular, and the doctors are able to relax their exertions. Sometimes they have three operations going on at once in order to economise time. "What would the surgeons at home say to our instru-

ments?" was a question I often heard laughingly asked.

I believe the doctors have enough of the ordinary things to get along with, but many of these show signs of advancing age, and, if they have not got the instrument required, there is always the carpenter to fall back on. Some time ago one of them needed a Thomas' wrench, which the hospital did not possess, but after an interview with the carpenter a wooden one was made which fulfilled all requirements, though not so beautiful as the nickel-plated variety.

The operating theatre might well be regarded as the publicity department, for the scars received here are a wonderful advertisement. A patient returning to her distant town or village is at first the heroine of the hour, and the women gather to listen spellbound to all she has to tell them of her excursion into the great big world outside, the climax being reached when she lifts her kurta and proudly reveals to her admiring friends her operation scar.

Near the theatre is the room where the big operation cases go for ten days of quiet and special nursing (impossible in the big wards). This is often the abode of pain and misery, but it is good to see the weary faces cheering up as the pain passes and health begins to return.

Leaving this room to cross to the other side of the courtyard, the hospital well is seen. The story of the sinking of this well is another illustration of adaptation, in order respectfully to overcome religious difficulties. It had been difficult to get water for a high-caste woman to drink, for she might not drink water from a well that was under any but Brahmin control. For a long time they had brought water from their own wells in brass vessels, and often this was done at great inconvenience and trouble. But here again it was a high-caste man, who seeing the difficulty, gave money to dig this well just alongside the private wards. Only a Brahmin is allowed to draw the water from it; and thus, all high-caste patients will be satisfied, while low-caste people will gladly drink of the water so drawn. However, the low-caste must never come near the well or touch even the rope or buckets used.

Similarly, a Hindu patient may touch no food unless prepared in a special kitchen by women of her own caste, and the hospital arrangements must needs adapt themselves to these requirements also.

At home, how one admires the large, clean kitchen and the cooks arrayed in the scrupulously clean dresses! But in a Mission Hospital, to meet the prejudices of caste, it is neces-

sary to employ a Brahmin as cook. She must be allowed to have her own sweet will in most of her methods, although from a distance one may be allowed to remonstrate about some minor matters. Never for an instant must we draw near, lest our dread shadows falling upon the copper pots defile the meal.

Only those who love these people for Jesus' sake could ever have patience to meet their wishes in such matters as these. One needs love that " is not easily provoked . . . beareth all things . . . endureth all things . . .," the love that " never faileth."

Of course, the exigencies of a surgical operation often necessitate that the patient should for a time take nourishment from the hand of a Western doctor, or a non-caste nurse, and the violation of social tradition incurred by this emergency calls for the most drastic action on the part of the family. Before the woman may resume her position in her own household and re-enter the family kitchen she must submit to rituals of purification which demand that she bathe in sacred waters and partake of the five products of the cow.

Even so, evidence is forthcoming that " love's labour " in hospital is not lost. So grateful are these women, so affectionately appreciative of all that is done for them, that they become

strangely involved in inconsistencies that are pathetically precious to the heart of the missionary.

One high-caste woman, ceremonially defiled by the touch she had learned to love, was setting out from her home for her pilgrimage of cleansing and restoration, when she realised that by going a few miles out of her way she might again behold the face and clasp the hand of the one who had made the pilgrimage necessary. So without hesitation she joyously added those miles to her pilgrimage and smilingly greeted the beloved physician whose words of life as well as deeds of love had begotten in her the light, which the cleansing waters to which she was journeying would never extinguish.

A glance at the illustration opposite page 46 gives an idea of the enclosed courtyard. It is such a pretty sight when this inner court is filled with hospital beds, each one a dash of bright colour. Here the patients who are convalescent enough to have their beds shifted out of the wards enjoy a sun-bath. These people are children of the sun, they bask in delight in it, when it would be death to us if we allowed the full rays to fall on our uncovered heads.

This open-air treatment is of value, not only

to health, but to happiness while in hospital. All in the courtyard are not patients. When the women come to hospital they almost invariably bring one or more friends who remain, either to cook for them or to ensure that they do not break caste or violate purdah. These friends camp in the courtyard. This is not ideal from a hospital point of view, and one sympathises with the nurses in their added tasks. But it certainly has missionary values, for friends as well as patients hear the Christian message and see it translated into life and action by doctors and sisters and nurses.

So it comes about that the women are allowed, as nearly as possible, to live their natural lives. They spend their time chatting with one another, or listening while the Indian Bible-woman sings them a hymn or tells them a story as they stand and sit about in this courtyard—so open to God's lovely sunshine, yet as truly purdah (no man allowed inside) as their own homes.

On the other side of the courtyard are the resident staff nurses' rooms, a number of smaller wards, Christian ward, eye ward, and a small ward for ear, nose and throat cases, also the clinic rooms where classes are held daily.

The new dispensary, the building of which

was almost complete when I visited Ludhiana, is now occupied, and allows of efficient work in all the out-patient departments, and at the same time affords far better facilities for training the dispensers than heretofore.

A little idea of the value and magnitude of the work carried on in the dispensary can be conveyed in the following figures. Wellnigh 50,000 out-patients a year receive attention here. From among them many are admitted as in-patients requiring further medical or surgical treatment.

The out-patients' waiting-room is always packed with women and children waiting for their turn to see the doctor. Here the Evangelist or the Bible-woman talks and sings with them all the time, for everyone who comes for medicine hears of the Great Physician. The balm for all wounds is administered here day by day with soothing power. Though there are few professed conversions, many are known to be "secret disciples," and those who know anything of the tyranny to which these women are subject will not doubt their sincerity because of their secrecy. Rather, as they disappear into their zenanas, should they be upheld by the prayers of those who may pray—but don't.

One dear girl who had found peace and joy in believing was taken by an irate father to be

shut up in her zenana. The missionaries knew they would now be refused admittance there, but they ever recall her words as she left, " Father, you can shut me up in purdah, you can take away my pretty saris, and you can take away my jewels, but you cannot take Jesus out of my heart."

Though a long time may have been spent in the waiting-room, at last the turn of every-one comes, the doctor is seen and the prescrip-tion is given. Sometimes it is a simple remedy, such as a dose of nauseous medicine. My heart went out to the poor victims receiving it, but it certainly is a sight worth seeing. The mother squats on the ground and takes her child's head in her lap. Amid violent struggles she holds the nose and tries to hold the mouth open while the dispenser pours it down. It is a messy job, and really at the end I do not know which deserves the more sympathy, the patient or the administrator.

But usually the prescription has to be handed in at the dispensary. I wish my readers could see the faces that look in through that dispensary window. Some are heavy and dull, and seem absolutely devoid of intelligence, some are bright and vivacious, while others are just haunting in their sadness, and one knows that behind these faces lie many stories



DISPENSERS CLASS, 1929

which would wring our hearts if we could hear them.

Continuing the survey of the hospital, the far end of the oblong is reached. Here is the free medical ward. Medical patients are about the most difficult to handle. Some hear that in this ward there are no operations, and refuse to leave it on any condition. Another type come to be fed and clothed through the cold winter months—they can always produce a vague pain or a cough. Some expect a lightning cure of disease of many months' duration, and pursue the doctor for leave to go home if there is no improvement in three days, or even if they feel the slightest relief of symptoms. Malaria sends a very large number of cases to this ward, and tuberculosis runs a close second.

Above the medical ward is a bright room with a sunny balcony where little unwanted babies and motherless babies, starting life with a heavy handicap, are cared for in accordance with the principles and methods of Sir Frederick Truby King, a name well known in England in Infant Welfare work. Pitiable little objects they are, and the struggle is against enormous difficulties. To look at their little wasted forms and old-man expressions is almost to despair, and the question forces

itself upon one, "Can anything save them? Is it any use trying?" Then one sees the mother-hearted missionary bending over the little cot, and *there* is the answer. Has she not heard her Master saying, "Whoso receiveth one such little one in My name receiveth Me, and whoso receiveth Me receiveth Him that sent Me." Yes, this is God's work for the coming of His Kingdom, so however great the difficulties, such work must win through. When these babies are fifteen months old they will join the happy family of hospital babies who live in the Maternity Block, a fine building adjacent to the hospital, built on the same plan of a hollow oblong, and having accommodation for twenty maternity cases.

These hospital babies have been described elsewhere. All mission hospitals have them—poor little unwanted morsels given to the hospital to get rid of them, and taken, because if refused, the missionaries know all too well the fate awaiting them. These older children live upstairs. How I love to recall my visits to them! As I write I can hear a dozen pairs of scampering feet, and a dozen little voices saying "Good morning. How are you?" Then a flood of chatter, childish joys and troubles and requests for a game. "Ring-a-ring o' roses," "Nuts in May," and the "Mul-

berry Bush" are always popular. Also I was introduced to a very favourite game, "Hospitals." Temperatures are taken and chests sounded in a most professional manner—not always to the satisfaction of the small child being "medically treated" against its will.

At meal times a carpet is spread on the floor, with a tablecloth in the centre, and the children sit round it, with legs crossed and hands clasped, while they wait for the Blessing to be asked. The older ones help by putting on bibs and handing out plates. A great daily event is the distribution of sweets. The older children take turns to carry the key of the cupboard and open the padlock. Then they carry sweets round to the toddlers and crawlers. God the Father is very real to these little people ; they pray to Him when a little brother or sister is ill, fully convinced that God will cure the invalid ; but, if not, the little brother or sister is in heaven—a room they have not been in yet.

Here, in the Maternity Block, progress is slowly but surely being made. The old fears and prejudices are dying away. More and more women come in for confinements, while ante-natal clinical work has become possible among the women in the city. Of those who will not come into hospital, but remain at

E 2

home, some will not have the dhai around at all, but immediately call for a nurse from hospital. At one time nearly all the cases brought in were abnormal, but now, having won the confidence of the women in Ludhiana, the normal cases outnumber the abnormal. " Horrors " still come in, but they are nearly all village cases brought in when the dhais fail.

The College and Hospital, being on the outskirts of the city, it is not possible for those on the far side to attend the hospital dispensary. On this account a dispensary, known as the Fort Dispensary, is carried on daily in the city. Much maternity work also is done from this centre by resident nurses and a visiting doctor from the hospital. Also, since I was there, Health Centre work has been commenced and promises success.

To complete the round of the hospital a visit should be paid to the Dhais' School, but I pass it by now, as that story is given in a later chapter. Perhaps, too, in telling the story of the hospital I ought to have lingered longer at the bedside of some of the patients and told you of their sufferings. But, after all, that would only be to repeat myself by multiplying illustrations of what has already been said. Rather let me emphasise what a boon this hospital is, and the immense advantage of

having such a place for these women to come to, instead of trying to minister to them in their own insanitary homes.

Here is a place so truly sanitary, and at the same time truly purdah; a place where skill and kindness go hand in hand; and at the same time a place not unlike their own zenana home. No wonder, then, that these women, rich and poor alike, come from villages and towns a hundred miles away to a hospital so entirely in accordance with their own ideas of propriety.

And coming, they find, not only the foreigner, whose ways and speech are ever strange to them, but educated gentle Indian women, who know their language perfectly, who understand their prejudices most completely, verily their own sisters—" Sister India "—ready to succour them in their sufferings, share their sorrows, and tell them with the confidence born of experience, of One Who said, and is still saying through them, " Woman, thou art loosed from thine infirmity."

PART III

"... AND GLORIFIED GOD"

WOMEN'S CHRISTIAN MEDICAL COLLEGE

" If she have sent her servants in our pain,
If she have fought with Death and dulled his sword,
If she have brought our dead to life again,
And to the breast the weakling lips restored ;
Is it a little thing that she hath wrought ?
Then life and death and motherhood be naught."

KIPLING, *Songs of the Women.*

" . . . AND GLORIFIED GOD"

IN the New Testament it is recorded that "There was a woman which had a spirit of infirmity, and was bowed together, and could in no wise lift herself up, and when Jesus saw her, He called her, and said to her, 'Woman, thou art loosed from thine infirmity.' And He laid His hands upon her, and immediately she was made straight, and glorified God."

Here truly is a picture of India's womanhood to-day. Look again at the portrait of her in the earlier chapters—bowed together, she can in no wise lift herself up. Through the work of Christian missionaries, as instanced in the story of the Women's Christian Medical College, Jesus is calling India's women to him, laying His hands on them, and saying, "Woman, thou art loosed from thine infirmity."

Here, let it be affirmed, is the only safe "loosing." Throughout the Christian era, history demonstrates that it is the touch of Christ which elevates and emancipates the womanhood of nations. If, in these days, she be lifted up in any other wise, her liberty will

become licence, which will drag men down to hell. Herein lies the peril to womanhood in lands nominally Christian. Herein is foreshadowed bitter disappointment to sincere non-Christian reformers in other lands. Abandoning purdah, breaking down caste, permitting the re-marriage of widows, female education, and the like, will never beget a womanhood "made straight" and glorifying God. Womanhood, in England, was made straight and glorified God long before there was female education, sex equality, or the franchise. God gave us an open Bible whereby through the guidance of His Spirit we come to know the Saviour of the world. Therein we read, He lays His nail-pierced hands in pardon, peace, and power, upon all who come to Him. Thus, and only thus uplifted, womanhood in every land may be loosed, made straight and may glorify God.

"MOTHER INDIA"

TERRIBLE, indeed, are the ghastly practices of the ignorant dhais, and some people are tempted to regard the situation as hopeless, knowing as they do that many of these practices are steeped in religious customs with which the Government is pledged not to interfere. But hopeless is a word not to be found in the Christian vocabulary—for we are a people " begotten again unto a *living hope!* " (R.V.).

Students of Sociology know that there are two methods of reform, defined respectively as unconscious and conscious reform. Translate that into proverbial language, and render it " Practice is better than precept," and you have the key to the tremendous problem of the dhais' malpractices. The " conscious " reformer who denounces and declaims against practices rooted in sacred superstitions is courting failure. Thereby opposition is engendered and bigotry fed. But the reformer who, by example, wins the people, while unconsciously reformation takes place in their midst, is the one who will ultimately succeed. This statement can be amply illustrated in a study of the work of training dhais.

It is, however, essential to understand and appreciate from the outset the dhai's point of view. "What," she says, "can a *white* Miss Sahib know about *brown* babies?" Why alter? What was good enough for their mothers is good enough for them (an attitude of mind met with in other lands than India). Last, but not least, their work is their means of livelihood, and if they fail through omitting, as the white doctor would have them do, any of the recognised practices, they will not be employed.

Now this last, the loss of livelihood, is the main consideration with a poverty-stricken, illiterate low-caste community. Meet this contingency, and the colossal task of training these women can begin.

Hence it was that, with the promise to pay them for every midwifery class which they attended, and for every case to which they called the English doctor, a beginning was made.

This was in June, 1903, and any who knows the heat of the burning plains of India at that time of year will remark, "What a time to choose!"

But there was no choice! When attempts had been made by the Civil Surgeon or the Municipal Committee to gather these women together for instruction, they refused, declaring

they had had much more experience and success than the English doctor, and they could not afford the time to attend.

Up to that time normal cases were never brought into hospital, only abnormal cases after the dhais had done their best (or worst), nor was the doctor summoned to attend in the patients' homes. The dhais, in their anxiety to retain their work and reputation, never sent for help till the baby was dead and the mother dying, or until sepsis had already set in. Hence the doctor became subject to the taunt, " The cases she has, all die."

Then later, some of the dhais got to know the doctor personally, and their attitude began to change, and it was a great joy when one day some said they would come for instruction in their free time, if the class was held in the city, near their homes.

This was too good an opportunity to lose! Their free time was the early afternoon, when just then—June—the thermometer stood at 115° in the shade, and the journey from the College to the city would *not* be in the shade. Albeit, a small mud-floor room, 12 feet square, was taken at a corner of the bazaar in the old part of the city, and furnished with a few basket-stools and a mat, and for that room the devoted English doctor set out from the

College under a tropical sun to take her first midwifery class for dhais.

It was attended by *one!* She sat on the floor beside Dr. Edith Brown, and was persuaded to tell about some of her cases. She was given a simple demonstration from a model, and before she left received 4 annas for attendance.

Little wonder that on the way back the doctor was tempted to ask herself, "Was it worth while to go on taking that journey in the blazing sun, three times a week, when everyone else was resting and asleep, just for one dhai? Why not postpone the class till the autumn? Then, reflecting on the unspeakable horrors known to her, her mind was made up—the opportunity was too precious, she would not take the responsibility of letting it pass.

The next time four were present, and the class gradually grew to fourteen. Most of these were too old to learn anything, but the younger ones might not come without the old ones, and hope centred in the young ones. It was difficult work, but in the course of the year confidence was established. The dhais summoned the doctor to three cases in good time—cases which their own experience told them would have proved fatal in their hands. In

each case the life of the mother and baby was saved, and from that time obstetrical work in Ludhiana went forward.

To-day, at the Women's Christian Medical College, there is a large Dhais' School with one of our Indian lady doctors in charge.

In this school are assembled two grades: firstly, the indigenous dhais—women having hereditary rights in the profession of midwifery; and secondly, those women who have decided to follow that calling.

The indigenous dhais are the old Mother Gamps of India, but they have all the maternity work of the villages (where 90 per cent. of the population live) in their hands.

It must be remembered that in India, when a son marries he takes his wife to his home, where she becomes an apprentice to her mother-in-law. Hence, in the dhais' community, the knowledge of midwifery (or lack of knowledge) is jealously guarded and handed on from mother-in-law to daughter-in-law throughout generations.

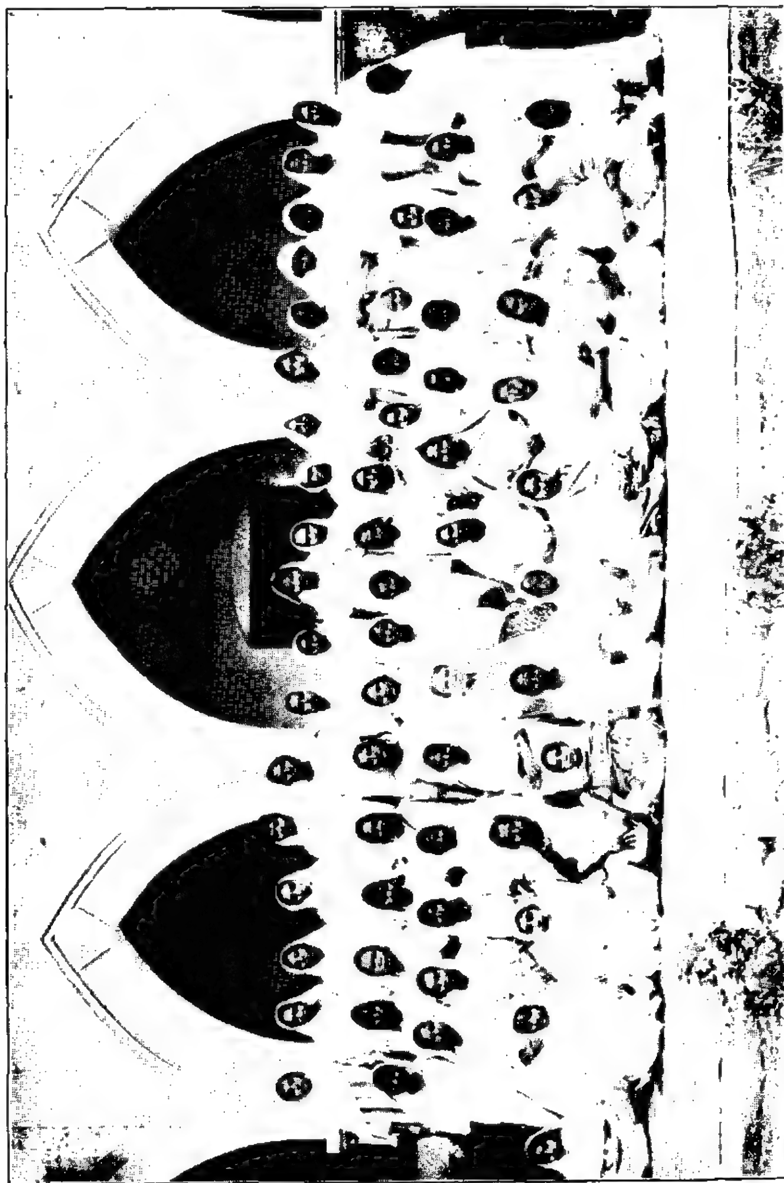
Most of the indigenous dhais who come for training have been sent in from their villages by the District Boards.

Ignorant, and in some cases old, with shaky hands and tottery heads, it is but little they can learn in the six months' course given them.

The training consists chiefly in teaching them to be clean, what *not* to do, how to recognise abnormal cases, and when to send for the doctor. But the great thing is, that they come to know that the English doctors and nurses are their friends on whom they can rely. With this knowledge, happy relationships can be established. The latest development of the work is the monthly tour of the Health Visitor from the College into the villages to which these dhais have returned ; this kindly supervision is welcomed, and she is taken round and consulted concerning present and prospective cases.

The other grade of dhais in training is of women of an entirely different class—superior women, able to read and write and take notes at lectures, but not able to do written work for examinations, which are therefore oral. Their course of training is longer and fuller and therefore more satisfactory—covering a period of two years, at the end of which a Government certificate can be obtained.

I was present at Ludhiana when the Government examination of these dhais was held. In conversation with the English examiner I learned that this oral examination was no child's play. She had given the same practical questions to these women as were given to mid-



wifery students in England, and she had been able to pass everyone presenting herself for examination. This spoke well for the Indian doctor who had trained them! Was this the zenith of her success? The College register records that during the past ten years every dhai of this grade that Dr. M. has sent up for examination has passed, and these number some 140 women.

It may reasonably be asked, "Are these women—taught to disregard native customs and methods—acceptable to the women to whom they intend to minister?" The answer is apparent, if two things are remembered—first, the intense desire for a living son, and secondly, that no one is present to witness her methods, except of course the women of the house, who crowd around and prompt the dhai concerning certain customs familiar to them. Some of these, if involving no danger to the case, she is allowed to put into practice to pacify the onlookers while she scientifically gets on with her job. For instance, an offering of some grain, put on the floor, later to be distributed to the poor, will do no harm; nor will the resting of the foot of the bed on two of the annas which will ultimately be paid to the dhai.

Thus it comes about that these trained women

have success where others fail, and when time and again the life of the mother and child are preserved, a reputation is acquired and their services sought.

Dhais schools are being established all over the land, but in the task " Sister India " will for many years to come need the help of her younger, healthier little sister Britain. At Ludhiana the applications for training are more than we can accept, for admittance must be regulated by the number of cases for teaching in the district likely to be forthcoming.

The work is difficult and calls for untiring patience and consummate tact. Disappointments there are, but on the whole it is a work well worth while. This is borne out by the following report, one of many which might be recorded. A missionary wrote : " Do you remember many years ago I sent a compounder and elderly midwife to your hospital ? They are both very grateful for the privilege, and the midwife is *the wonder of the whole community.* She is called to attend women in their homes, and very often has to go on foot six or eight miles, and *she has never yet had a woman die on her hands*, although often she is called too late to save the child's life." She was only a poor widow, just able to read—and yet !

" UNTOUCHABLE "

(*There are* 60,000,000 *Untouchables in India*)

SAPPHIRE

IN the course of the years since 1894 there have gone forth from this College and Hospital at Ludhiana a band of over 800 trained women, of whom 191 are doctors, 132 nurses, 119 dispensers, and the remainder midwives and dhais—surely a wonderful achievement !

Speaking at the opening of the New Dispensary in October, 1928, His Excellency Sir Geoffery de Montmorency, Governor of the Punjab, said : " The success of this hospital and the spread of medical education for women, of which this institution has been the pioneer, cannot be measured by numbers alone, by the patients it has attracted, or by the medical workers it has sent out into the field, remarkable though these are. It must be judged by something more intangible, but infinitely more important. It stands as one of the great prime movers in Northern India that has gradually broken down the reluctance of Indian womankind to resort to hospitals ; that has inspired

them to have confidence that there exist institutions which can alleviate their sufferings, and that there are skilful and tender hands to minister to their distress.

" This result could never have been achieved without the devoted service and skill of Dr. Brown, who has made the work her life service, and under whose guidance so many medical workers have been sent out to open a new page of hope for suffering Indian womanhood."

" To open a new page." I have scanned that page, for in company with Dr. Brown I visited forty-four Ludhiana graduates in thirty-three different places scattered over Central and Northern India. Of each of these gems of Indian womanhood I might write at length, but the following cameos will suffice.

But let me add that in carving these cameos, I do not wish to leave the impression that all the figures are as beauteous and graceful as those here portrayed. Every college everywhere has its disappointing students, and this college is no exception. But they are a tiny minority, mentioned now just to give proportion and balance to the portraitures.

In India, that land of mystery, we can ofttimes trace God's mysterious ways of which William Cowper sings. Twenty or thirty years ago,

sore famine and pestilence stalked through the land, and Christian missionaries going into the streets and lanes of towns and villages rescued famine orphans and motherless girls.

Gathered into mission schools these little ones learned to love Him who said, " Suffer the little children to come unto Me." And because they came, there are to-day to be found throughout the length and breadth of India, hidden away in small towns and obscure villages, men and women of whom any nation might be proud.

Such is Sapphire, once a pariah child, so low in the social scale that her out-caste family were carrion-eaters. What a sorry little object it was that the missionaries admitted—dirty, starving and footsore.

She proved a clever child, of strong character, and when schooldays were over, following her bent, she went to study medicine at the Women's Christian Medical College at Ludhiana. She gave herself whole-heartedly to her studies, qualified most creditably, and passed out to take up medical work in the name of the Great Physician.

But where? In a little out-of-the-way place some missionaries were carrying on very uphill work, and sorely needed a doctor's helping hand. They wrote to Dr. Edith Brown to know if she had anyone who would brave

hardships, and be a pioneer in medical work in their district. Dr. Brown immediately thought of Sapphire, and asked her if she was willing to go to a place where there was no hospital, no dispensary, no anything except a great need?

And Sapphire went. Three years later we visited her. We found that the women for miles round came to the Dispensary she has opened. At first there was no building for this purpose, so Sapphire hired a disused garage. Partitioning it into two, she had it white-washed throughout, and now uses one room for a consulting-room and the other for a waiting-room. A sterilising room as yet was impossible, nor has she a regulation steriliser. But outside the garage, under the shade of the trees, were placed two angeti (portable fires), and on these stood kerosene-oil tins in which water gaily boiled, while two nurses, whom Sapphire was training in her ways, sterilised her instruments and handed them back to her in her garage consulting-room as professionally as if they had been in a hospital with modern equipment.

As yet Sapphire, though busily engaged with her Dispensary, has not a hospital. Those out-patients, from the Dispensary, who should become in-patients, she accommodates in one

THE GARAGE DISPENSARY

STERILIZING

or two little mud-floor rooms close by her own compound. " But I shall have a hospital one day," she affirms, which affirmation is followed by the query, "How?" Sapphire's skill is becoming well known in the district, and many of the patients to whom she is called are wealthy people. From these, she rightly asks a substantial fee, and this not for herself, but to put by, so that one day she may have a hospital where high-caste, and low-caste, and out-caste may be ministered to by the one-time " untouchable," who follows closely in the footsteps of Him who said, " Whoso cometh unto Me I will in no wise cast out."

Thank God for Sapphire!

"A SLAVE OF THE GODS"

Opal

"SLAVES of the gods," such is the translation of the name "Devadasis," given to women who as tiny girls are dedicated to the temples, and given over to all the nefarious practices such dedication demands.

It is not my purpose to enlarge upon this hellish traffic. The ghastly evil has been exposed by Miss Wilson Carmichael in her book, *Things as They Are.* Suffice it to say that little girls are known to end life rather than live in such fiendish surroundings. Escape is difficult, but not unknown. Little six-year-old Opal made her escape. The child of high-caste Hindus, her mother was widowed before any marriage arrangement had been made for the child. The expense was now beyond the mother, but who was going to care what befell a despised widow and her daughter? The temple would receive the child—she should be married to the gods. Such the future carved out for the poor dear child. But in the days of her freedom she had made

friends with a missionary in a neighbouring village. How she eluded her captors and escaped to that village and was never traced will always be an enigma. Of course, the missionary at once took her in and afterwards sent her away to school, and later she went to Ludhiana to train for a nurse.

Meanwhile her mother had died, and Opal at the end of her training, having no ties, was free to accept a post in Arabia, which other girls could not accept owing to parental objection.

It was a stiff piece of real missionary work that Opal undertook. There was another language to learn in a strange land where she, a vegetarian, could not even get rice to eat. Many were the hardships she encountered ; and the difficulties of travel over the great distance from Ludhiana (which now she counts as her home) made a holiday possible only once every two years.

But through the fine work she did so lovingly at her dispensary, she found her way into the homes of these Arab women, rich and poor alike, and so skilfully did she handle many difficult obstetric cases, that she was sought in preference to her European colleague.

Then the war came and she was left alone. Single-handed she kept open the hospital for

three years, dealing with such work as she was fitted to manage, and, remembering that she was now the only one left to preach and to heal in the name of the Great Physician, she gave herself more earnestly than ever to telling the Good Tidings at Sunday services and daily Dispensary Prayers.

When peace was proclaimed, Government proceedings required the presence in England of certain Arabian sheiks, who in turn desired that their wives accompany them. In such case an interpreter would be required, and who better fitted than their nurse-friend Opal, who knew English so well?

All the thrills of adventure were hers, travelling to England with these grand Eastern ladies, seeing strange new sights. Then she returned, took up private work in a dispensary of her own, and to-day is to be found happy and hard at work for the benighted women of Arabia. A slave of the gods, now "the bond-slave of Jesus Christ."

A WIDOW

Jacinth

JACINTH is a *widow of Brahmin* family—one whose life in that community would have been made desolate with drudgery and degradation.

In childhood, her zenana home in a sacred city had been visited by the Christian missionaries. Later she went to their school, and in her heart Jacinth became a Christian. As soon as her family were aware of it, they did all in their power to dissuade her. Was she not married, and about to become a mother, possibly the mother of a son!

But the babe was a girl, and soon after her birth the father died, and Jacinth became a widow, whom, persisting in her Christianity, her family cared no more about.

So mother and baby went to the Mission School, and later Jacinth was sent to the Women's Christian Medical College at Ludhiana to train for a doctor. She was a clever student, and a bright Christian, and when qualified, returned to her little girl to take up medical work in the Mission to which she owed

so much. There she remained doing splendid work for her suffering sisters, until her heart was broken by the death of her darling from fever. Haunting memories made it advisable that she should change her sphere of labour, and so she went back to Ludhiana, and was put in charge of the Dhais' training at the Fort Dispensary. For her companion in residence she had Pearl, a Christian dhai of beautiful character, and the influence of these two Indian women upon the women of the city was an inspiration to all.

It was during this time that the terrible earthquake at Dharmsala occurred, and volunteers were needed to succour the refugees. Jacinth and Pearl volunteered, and accompanied by an English missionary they set out for the stricken area.

The earthquake had taken place in the morning hours when the women were cooking, with the result that many had fallen upon their fires, or the fires had spread by the kindling of the *débris* which fed them. Their burns were ghastly. The only supposed remedy the poor sufferers knew was cowdung and ashes, so that the appalling conditions of their burns, and the accompanying stench was indescribable. From village to village these humble, heroic women went, unknown to the great outside

world, on their errand of mercy. Their task ended, they returned. Pearl has since passed to her reward, while Jacinth, in private practice, still heals the sick, binds up the broken heart, and glorifies God.

"FULL OF GOOD WORKS"

EMERALD

OH! the dust! and what swarms of flies, as we pass down a narrow street in the village where Emerald lives! But such trifles must not deter travellers in the East. Had we been so deterred I should have been deprived of telling a story, charming in its simplicity and convincing in its revelation of the value of training "Sister India."

Emerald is the daughter of Christian parents and was educated at a mission school. She developed into a woman of personality and determination and became a powerful influence in the neighbourhood. She married an Indian evangelist, and there was borne in upon both of them the great need for medical assistance in their work. Such was not forthcoming, and so by mutual consent Emerald—now the mother of four—placed the children in a mission school, bade farewell to her husband for two years, and went to Ludhiana Women's Christian Medical College to take the dispenser's course, with which is combined the training in midwifery.

Thus equipped she returned to her village, fitted to deal with minor ailments and to succour mothers in their hour of greatest need. Now, after seven years, we were to visit her. The arrival of a motor caused great excitement among the villagers, especially when it gibbed, making more dust. With what joy Emerald greeted her former Principal, and with what pride she showed us her little village dispensary—a low, mud-floor room, scrupulously clean. On some shelves stood rows and rows of bottles, well-stoppered, clearly labelled, accurately arranged. Her register of patients was a model of neatness and care, not just the page of cases for the day which we were to inspect, but throughout.

She told many interesting things about her patients and consulted with Dr. Brown about some of them. One was the Rajah's wife, whom Dr. Brown was requested to visit at the palace. So, the inspection of the little dispensary being over, we were making our way to the car to go to visit the Rani, when Emerald remarked, "But before we go you must first see my school." "School!" exclaimed Dr. Brown, "when your hands are full with the dispensary and your family" (now numbering eight). "Yes," she replied, "girls ought to be taught, there was no school for them here,

so my eldest daughters, who have been educated, gather some of the girls together in our own home and teach them to read and write." And there in a room just across the road we found some eighteen or twenty girls of varying ages seated on the floor, the older girls having a reading lesson, to the accompaniment of an occasional squeak from the slate pencils of the younger ones as they made excursions into the art of writing. Then Emerald, who is a dreamer as well as a practical woman, turned to Dr. Brown and said, "I wonder how many future Ludhiana students are here?"

We entered our waiting car and at length reached the Rajah's palace, and Dr. Brown and Emerald were ushered into the presence of the Rani, while I—who was to have audience later—was invited to walk in the beautiful garden. Glorious indeed were the innumerable blooms of every description, and as I stood meditating and admiring, a turbaned official approached and addressed me in perfect English. I told him of my brief visit to his wonderful land and my purpose in coming, and how impressed I was with the fine work the graduates from Ludhiana were doing for the women of India. "I suppose you know Emerald was trained there?" I added. "Yes,"

he answered, " and what our village would do without her, I do not know ; she is the tried and trusted friend of us all ; would there were more like her ! "

" THE BELOVED PHYSICIAN "

Beryl

"BECAUSE she is an Indian and a Christian." This was the answer given me by an English doctor when I asked how it came about that Beryl had won for herself the title of " the best-loved doctor in X." There were many other doctors in that big city, men and women, Indian and British, but Beryl was the favourite.

She was engaged in hospital and city work. Her devotion to her suffering sisters was beautiful to see, and their response to her devotion only another demonstration of what was daily impressing me—the paramount importance and value of training India's women.

Beryl invited us to go with her on her round of the wards, and later I accompanied her on her visits to the patients in the city.

A stranger in a strange land, I was not able to understand their conversations with Dr. Beryl, who introduced me as her friend from England. But one woman was determined I should understand, if not by words, then by deeds, how much she and many another

woman owed to Beryl. Taking her three-months-old baby, she laid him on the ground at Beryl's feet, herself kneeling at the doctor's side. With one hand she clasped Beryl's hand, while with the other outstretched in sweeping gesture to include all the women in the courtyard, she indicated that they owed their lives and the lives of their little ones to Beryl's loving skill.

Necessarily the influence of such work reacts upon the lives of men as well as of women. Fifteen years ago Beryl was summoned to an urgent confinement case. The woman was deformed through osteomalacia, and it had been arranged that she was to come into hospital. But as soon as her hour was upon her she refused to leave home. The doctor sent word that if the operation was not performed she would surely die. Hospital and death alike being unknown quantities, the woman deliberately chose death in her own home, dark and dirty as it was. No place this for an operation! But despite the odds, Beryl summoned two nurses and sallied forth, armed with surgical instruments, draw-sheets, chloroform, and the like, and those three young Indian women by the light of a lantern did a major operation which saved both mother and child. I went into that very room, greeted the

mother and conversed with her fifteen-year-old son, who speaks English, and whose great ambition is to be a doctor like his friend Dr. Beryl, to whom he is devoted.

Naturally, one asks oneself, " Operating under those conditions, how was it that sepsis did not supervene ? " To which there is only the super-natural answer, that Beryl sallied forth armed also with the promise, " In My Name . . . they shall lay hands on the sick, and they shall recover."

" OF THE HOUSEHOLD OF FAITH "

Ruby

IT is said of the Indian that he is entirely lacking in initiative and perseverance, and that the lack is due to his religious outlook. Anything that is " written on his brow "—his Karma—is the inevitable, unavoidable, and the resulting passivity is therefore disastrous to progress. Why strive ?

This is a very real obstacle to all reform and, to my mind, it is insuperable unless one believes the Christian doctrine of regeneration, whereby such qualities may be and are begotten. " If any man be in Christ he is a new creature, old things are passed away, all things are become new."

This was Ruby's experience, for she had confessed Christ, and made the full surrender He requires before discipleship can be claimed, and in her, initiative and perseverance have become incarnate.

After graduating at Ludhiana she had the good fortune to work in a Mission Hospital with a fine Scottish surgeon, and so became

well established in the surgery she had learned from Dr. Brown. Then the war came, the Scottish surgeon went to the Front, and Ruby was left alone.

In memory I tarry awhile and watch. There she is a lovely Indian woman, whose graceful form, clad in a simple sari, passes from bedside to bedside. Single-handed she is in charge of a women's hospital of thirty beds. Major operations, such as abdominal sections, cataract extractions, bone operations and others, are successfully performed by her with but Indian nurses for assistants. Indeed, so skilled is she that her aid is ofttimes sought across at the Civil Hospital. Attached to her hospital is a large out-patients' department needing her supervision. Just beyond the Hospital Compound, in the High Schools, are 400 boys and 200 girls requiring medical oversight, which oversight she renders. In the city itself three Health Centres have been established through her initiative and faith in the science of preventive medicine, while the fees she earned that year in response to private calls to patients' homes amounted to more than half the required income for the upkeep of the hospital, and every rupee was paid in by her for that purpose !

Fourteen years ago this wonderful woman,

as a sweet Christian girl of Christian parents, graduated from Ludhiana, and went forth in her Master's name to bless her suffering sisters, and it is impossible to estimate the extent of her gracious influence, expressed in Christ-like deeds.

Was ever £120 better invested? For the economic value of this work was one of the things that amazed me. On a scholarship of £30 a year for four years an Indian girl can become a doctor to her own people. Think of it! Contrast this with what it costs to train a foreign medical missionary, or to send an Indian girl to England to train—an undesirable as well as a costly proceeding. In any case, when could there be enough such to cope with India's clamant need? Surely the plea, train India's own daughters in her own land is a sound one!

I think of another graduate (one of four old Ludhiana girls to receive the Kaisar-i-Hind Medal for conspicuous public services) who is at work in a civil hospital. As a doctor she knows the value of good nursing, and finding a lack, she established a splendid training school for nurses on Ludhiana lines. Speaking of her uprightness in administration, as well as her ability in medicine, the civil surgeon remarked to me, "Your College has learned

the secret of making fine characters as well as good doctors."

And many another story of these graduates I could tell, in town and village, hospital and dispensary, carrying on this gracious ministry of healing, but the foregoing are sufficient to justify the statement that India's daughters "made straight" do glorify God.



THE HOPE OF THE WORLD

By Harold Copping

HOPE

THE challenge which the contemplation of India's suffering women presents to emancipated Christian womanhood the world over is incarnate in the lives of two wee Indian baby girls.

Never shall I forget a sight that met my eyes one Sunday morning as we entered the maternity ward of one of the Mission hospitals. Yonder, in the corner, there appeared above the bedclothes the most beautiful oval face of a young mother, and in the cot alongside, that same sweet face in baby miniature.

"Here we have one of the many tragedies of Indian motherhood," remarked the doctor, and removing the coverlet revealed a form hideously deformed in every limb—with protruding hips, knock-kneed legs and eight-toed feet, she had never walked, but in a sitting posture shuffled hither and thither, seeking to serve her lord and master, and cooking for him as best she could with webbed, fin-like fingers. Her mother was similarly deformed. What now of the babe at her side? A minute replica! Bending over the tiny figure, skilled

hands tenderly examined the little limbs to the accompaniment of infant wailing. Sickened at the sight, and choked with tears, I fled from the ward sobbing, " My God, My God—why ? "

George Macdonald, singing to us of " Baby dear," asks :

> " Where did you get those arms and hands ?
> Love made itself into bonds and bands.
> Feet, whence did you come, you darling things ?
> From the same box as the cherub's wings."

But love was absent when this woman became a wife, and so the cherub hands and feet were all entangled in the lust.

When I had recovered myself sufficiently, I asked an Indian nurse, " How comes it that ever such a woman was acceptable in marriage ? " " You must remember," she replied, " that in India there are fewer women than men, and when the barber sets out in search of a bride, for the son of the house, it suffices, if being the same caste, three questions are answered with some degree of satisfaction. Is she fair ? Has she money ? Can she cook ? " Fair of face there was no question, of money there was plenty, and cook ? yes, with difficulty. Besides, in each generation (the mother and the grandmother) after bearing two deformed daughters, the woman had

borne normal sons, and sons a man must have, what matter the cost! The late Lajpat Rai named his book *Unhappy India*, and unhappy indeed she is, but his recriminations are no remedy for such ills as these.

Is there a remedy, then? Yea, verily! In the following brief story of an Indian father there is the Hope "that sends a shining ray, far down the future's broadening way." That Hope has been portrayed in Harold Copping's beautiful picture, "The Hope of the World." In it the children of every land are seen gathered around Jesus, nothing hindering their coming to Him. This was surely in His mind when He said, "It is not the will of your Father which is in Heaven, that one of these little ones should perish." *Not one* perishing little one! anywhere! What nation, Christian or otherwise, can hear that unrebuked, or claim in any measure to have attained to that ultimate requirement? It must ever be borne in mind that there is no aggregate of sin and sorrow and suffering, it is all individual. Whether there be thousands of sinners in England or millions of sufferers in India, the condemnation and responsibility are the same, according to the standard Jesus fixed when He reduced the figures to "not one" should perish. This should be the goal of both lands

—of all lands. If only all men, everywhere, facing the inexplicable confusion wrought by the intricacies of disobedience, lived and laboured with that end in view, suffering "Mother India" which Miss Mayo exposes, and "The Revolt of Modern Youth," quoting which "Father India" retaliates, would be seen in their right perspective.

Meanwhile, one particular little Indian girl sits gazing into the face of Jesus. Her father, a Hindu, set her on His knee. When "the little doctor" (for such is her pet name) was born, her mother, for lack of medical attention, died. What, then, did a father want with a helpless little baby girl? But somewhere, some when, he had met with one of India's daughters, trained at Ludhiana, and seen her in Christ's name bring relief to her suffering sisters. Why had not his wife been so tended in her far-away village home, in her hour of need? Why no help? Then gathering the tiny scrap of humanity up in an old blanket, he brought her to the missionaries saying, "I give her to you, make her a Christian, train her at Ludhiana for a doctor, and then send her back to our village that no more mothers die."

Here, indeed, was Father India—a visionary following the gleam as it faintly outlined suffering Mother India, in future resting



"THE LITTLE DOCTOR"

secure in the loving arms of trained "Sister India."

Reader, which is it to be? Bonds, which deform and deprave body and mind, made faster by your indifference? Having gazed on "Mother India's" wounds, are you going to "pass by on the other side?" Or, is it to be blessing which "Sister India" can bestow if we, her healthy, happy sisters in Britain and America, do but strengthen her hands. I wonder!

THE END

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